

REFERENCES AND REVIEWS

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irradiation is the preferred form of therapy, either alone or in combination with surgery. When last seen 60 per cent of patients were apparently cured. Multiple courses of irradiation, repeated surgery, or a combination of both were required for 45 per cent.

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DETECTION OF COXSACKIE VIRUS ANTIGEN IN URINARY CELLS BY IMMUNOFLOUORESCENCE—Y. Hinuma, T. Miyamoto, Y. Murai, and N. Ishida. *Lancet*, 2:179 (July 28) 1962.

The complement method of fluorescent antibody technique revealed Coxsackie B-5 virus antigen in exfoliated cells in the urine of 6 to 12 patients with aseptic meningitis. The diagnosis of Coxsackie B-5 virus infection was confirmed in four of the six patients, by virus isolation or by demonstration of specific antibody rise, or both. Detection of virus antigen in urinary cells by the immunofluorescence may aid in rapid specific diagnosis of the virus infection.

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A NOVEL TEST FOR PREGNANCY—R. X. Sands, J. Mayron, and A. V. Pinski. *New York J. Med.*, 62:2494 (Aug. 1) 1962.

In the experiments described the withdrawal bleeding which follows the combined use of anhydrohydroxyprogesterone, a progestational agent, and ethinyl estradiol, an estrogen (Pro-Duosterone [PD]) was used in testing for the presence of early pregnancy. The procedure is referred to as the PD pregnancy test. Of 122 women in whom the PD and the AZ (Aschheim-Zondek) tests (Frank-Berman modification) were performed, 66 were found to be pregnant and 56 nonpregnant. Among the 66 pregnant nine false results were obtained with the AZ test and one with the PD test,

an accuracy of 98.4 per cent with the latter. In the non-pregnant group four incorrect results were obtained with the PD test and one with the AZ test. No significant side effects occurred in this group or in an additional series of 100 cases, all known to be pregnant. In the largest number of cases a negative result becomes available within three days after the last dose of the estrogen-progesterone combination.

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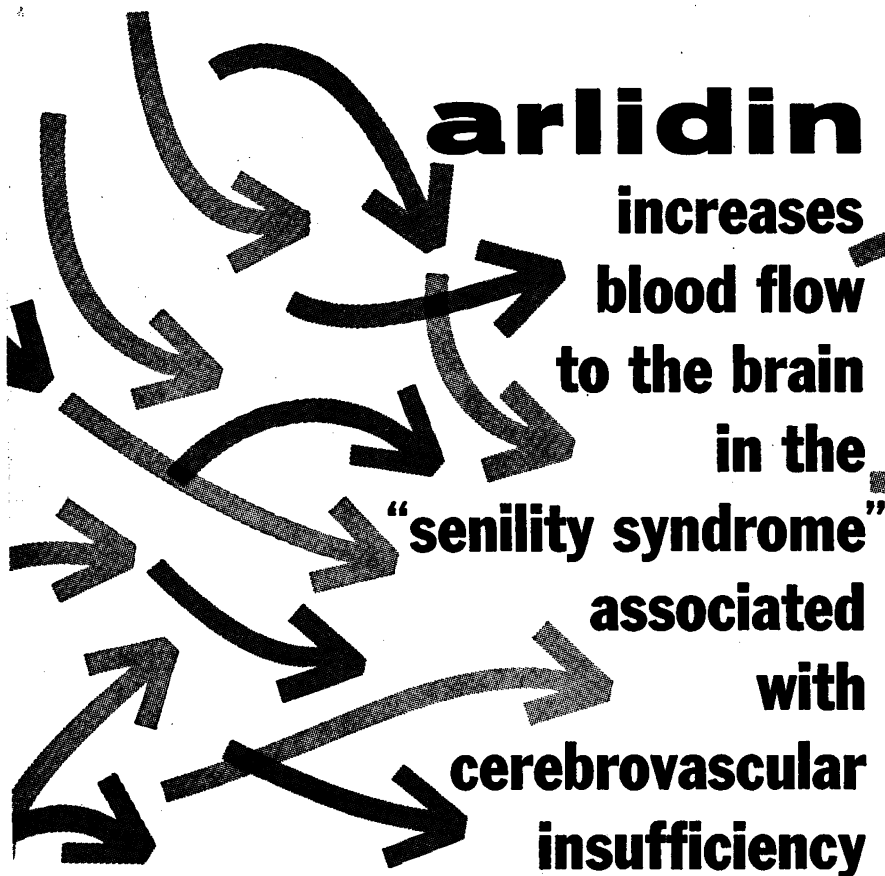
RESPONSE OF INFANTS TO PERTUSSIS VACCINE AT ONE WEEK AND TO POLIOMYELITIS, DIPHTHERIA, AND TETANUS VACCINE AT SIX MONTHS—N. R. Butler, B. D. R. Wilson, P. F. Benson, J. A. Dudgeon, J. Ungar, and A. J. Beale. *Lancet*, 2:112 (July 21) 1962.

Infants were given pertussis vaccine either plain or adsorbed onto aluminum phosphate in the first week of life. The agglutinin response was superior with the adsorbed vaccine. The two vaccines gave equally good protection against whooping cough in a follow-up study. The paper contains a misprint, for among controls there were 14 cases (not 24 as stated) among 24 home exposures. Children given polio, diphtheria, and tetanus vaccine starting at six months made a satisfactory response to all the components. This schedule is immunologically sound but has the drawback of employing two courses of vaccination.

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OPEN DOOR—TEN YEARS' EXPERIENCE IN DINGLETON—R. A. W. Ratcliff. *Lancet*, 2:188 (July 28) 1962.

Statistics of Dingleton, the only mental hospital in Scotland functioning entirely without locked wards, are compared with those relating to Scottish mental hospitals in general. Quantitative assessment is attempted of (1) risks to the patient (death by suicide and accident), (2) possible embarrassment to the community (escapes and police



arlidin
increases
blood flow
to the brain
in the
“senility syndrome”
associated
with
cerebrovascular
insufficiency

charges against patients), and (3) possible gains to the community (numbers of admissions, the proportions of admissions which were voluntary, readmission, turnover, and discharges in selected years between 1945 and 1959). The statistics strongly support the case for continuing open-door administration in a 400-bed mental hospital situated in and drawing its patients from an area of small towns and rural districts.

HEART SOUNDS AND MURMURS IN 400 NORMAL SUBJECTS—H. N. Segall. *Canad. Med. Assn. J.* 87:377 (Aug. 25) 1962.

To define the range and the modal pattern of normal heart sounds and murmurs as heard at six "areas of auscultation," data collected on 400 subjects are analyzed. The method of writing quantitative symbols to describe what is heard while listening provides precise records. From data on 100 young men, (aviation pilots) a modal pattern was derived which serves as a standard normal pattern on a heart-sound chart used in writing quantitative symbols for heart sounds and murmurs. Data of the 100 pilots are compared with those of 300 selected "normal" patients and of 4,889 persons in a mixed population of patients. The graphic patterns of heart sounds and murmurs described by quantitative symbols demonstrated the details of normal range and modal pattern.

SIGNIFICANCE OF SKIN AND SEROLOGIC TESTS IN DIAGNOSIS OF PULMONARY RESIDUALS OF HISTOPLASMOSIS—J. H. Richert and C. C. Campbell, *Amer. Rev. Resp. Dis.*, 86:381 (Sept.) 1962.

In a review of 123 cases of pulmonary histoplasmosis proved pathologically or culturally, it was found that 97 per cent of 117 patients who received histoplasmin skin

tests reacted positively. Only 48 per cent of the 73 patients who were tested serologically reacted positively, and most of the positives had low titers. The histoplasmin skin test is valuable in excluding histoplasmosis but the serologic tests have little diagnostic significance in the inactive stage of the disease.

TRANSMISSION OF RETINOBLASTOMA—R. C. Drews. *Arch. Ophthalm.* 68:329 (Sept.) 1962.

Of 13 siblings studied, three died of retinoblastoma. The 10 who were unaffected had 16 children, and of these three had retinoblastoma.

BENIGN AND MALIGNANT ONCOCYTOMA—H. Hamperl. *Cancer*, 15:1019 (Sept.-Oct.) 1962.

The occurrence of oncocytes in normal organs is due to a special degenerative metaplasia that does not prevent the cells from dividing. Oncocytes may appear in neoplasms as single cells, or they may form a more or less substantial part of the tumor, or the tumor may be composed entirely of the oncocytes. It is only in this latter instance that such tumors should be called oncocytomas (benign or malignant). Examples of such tumors from various organs are given.

DIRECT RETROGRADE FEMORAL AORTOGRAPHY—J. A. Waldhausen and E. C. Klatte. *New Eng. J. Med.*, 267:490 (Sept. 6) 1962.

A technique of abdominal aortography that is an extension of simple femoral arteriography is described. It clearly outlines disease of the abdominal aorta and some of its branches, including the renal and iliac vessels. Demonstration of the iliofemoral tree of the opposite pulseless extremity may be easily performed. This method has proved to be safe and reliable on approximately 100 patients.

Inadequate cerebral blood flow—often due to cerebral arteriosclerosis—may result in the "senility syndrome" with its pattern of mental confusion, memory lapses, depression, fatigue, apathy and behavior problems.¹⁻³

43% increase in cerebral blood flow with Arlidin⁴

In patients with cerebrovascular insufficiency, Eisenberg⁴ measured a 43 per cent increase in blood flow in the brain following administration of Arlidin orally for more than two weeks beginning with a dosage of 12 mg. t.i.d. and increasing to 18 mg. t.i.d. There was a decrease in cerebral vascular resistance in most instances.

Winsor and associates³ found Arlidin "of particular value clinically in relieving some of the symptoms of cerebral vascular insufficiency (vertigo, light-headedness, mental confusion, diplopia)."

arlidin

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References: 1. Madow, L.; *Penn. M. J.* 62:861, June 1959. 2. Stieglitz, E. J.; *Geriatric Medicine*, ed. 2, Philadelphia, Saunders, 1949 p. 274. 3. Winsor, T., et al.; *Amer. J. Med. Sciences* 239:594, May 1960. 4. Eisenberg, S.; *Ibid*, July 1960.

NOTE—before prescribing ARLIDIN the physician should be thoroughly familiar with general directions for its use, indications, dosage, possible side effects and contraindications, etc. Write for complete detailed literature.

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